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VIA COURIER

June 9, 2005

Dockets Management Branch
Food and Drug Administration
Department of Health and Human Services
HFA-305, Room 1061
5630 Fishers Lane
Rockville, MD 20852

**SUITABILITY PETITION**

This petition is submitted pursuant to 21 CFR §10.20 and §10.30, as provided for in 21 CFR §314.93 and Section 505(j)(2)(c) of the Federal Food, Drug and Cosmetic Act, to request the Commissioner of the Food and Drug Administration to declare that the drug product Oxycodone Hydrochloride Controlled Release Tablets for Oral administration, 30 mg and 60 mg, are suitable for submission as an Abbreviated New Drug Application (ANDA).

## A. Action Requested

The petitioner requests that the Commissioner of the Food and Drug Administration declare that Oxycodone Hydrochloride Controlled Release Tablets for oral administration, in strengths of 30 mg and 60 mg are suitable for submission as an ANDA. The reference listed drug product upon which this petition is based is OxyContin® (oxycodone hydrochloride controlled-release tablets) approved in 10 mg, 20 mg, 40 mg, 80 mg and 160 mg dosage strengths, and approved under NDA 20-553. This petition requests a change in dosage strength of the reference drug product. The drug, dosage form, the route of administration, and the recommendations for use are the same as those of the

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listed drug product. The proposed product would differ only in dosage strength from the marketed OxyContin® product.

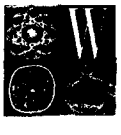
The proposed drug product is expected to demonstrate bioequivalence to the appropriate strength of the controlled release tablet dosage form of the listed product; data will be submitted at a later date.

**B. Statement of Grounds**

The Federal Food, Drug, and Cosmetic Act provides for the submission of an ANDA for a new drug that differs in dosage strength from that of a listed drug provided the FDA has approved a petition that proposed the filing of such an application. This petition requests a change in dosage strength for the proposed drug from that of the reference listed drug.

The proposed change in dosage strength for Oxycodone Hydrochloride Controlled Release Tablets 30 mg and 60 mg from the reference OxyContin® (oxycodone hydrochloride controlled-release tablets) 10 mg, 20 mg, 40 mg, 80 mg, and 160 mg, does not present a concern for safety or efficacy from that of the approved tablet strength. The Oxycodone Hydrochloride Controlled Release 30 mg and 60 mg Tablets will be the same dosage form (i.e., tablets), will contain the same active ingredient (i.e., oxycodone hydrochloride), will have the same route of administration for the same intended patient population, and the same recommendations for use as the OxyContin® product. Therefore, there will be no difference in the safety and efficacy of the proposed Oxycodone Hydrochloride Controlled Release Tablets for oral administration.

According to the approved labeling for the reference listed drug product, OxyContin® (oxycodone hydrochloride controlled-release tablets, 10 mg, 20 mg, 40 mg, 80 mg and 160 mg), are a controlled release oral formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around the clock analgesic is needed for an extended period of time. The recommended dosing regimen for the initiation of therapy of OxyContin®, as provided in the approved labeling, states that "experience indicates a reasonable starting dose of OxyContin® for patients who are taking non-opioid analgesics and require continuous around-the-clock therapy for an extended period of time is 10 mg every 12 hours", and that "OxyContin® should be individually titrated to a dose that provides adequate analgesia and minimizes side effects". The approved labeling further states that "once therapy is initiated, pain relief and other opioid effects should be frequently assessed" and that patients should be titrated to adequate effect. The proposed package insert for the dosage strengths of Oxycodone Hydrochloride Controlled Release Tablets, 30 mg and 60 mg, will be consistent with the reference listed drug labeling. Also, the approved labeling for OxyContin® is for the 10 mg, 20 mg, 40 mg, 80 mg and



160 mg dosage strengths, and therefore the labeling for the proposed strengths of 30 mg and 60 mg will be within the range of therapy recommended in the approved label.

In summary, the proposed change in strength of Oxycodone Hydrochloride Controlled Release Tablets from that of the reference listed drug (i.e., a change in strength from 10 mg, 20 mg, 40 mg, 80 mg and 160 mg to 30 mg and 60 mg) will not raise questions of safety or efficacy of the proposed product. The reference product labeling recommends titrating the dosage strength of OxyContin® so that a patient specific dose given every 12 hours can be established that will maintain adequate analgesia with acceptable side effects for as long as pain relief is necessary. The reference product label also states with regard to finding the most appropriate dose for an individual that when "converting from oxycodone, divide the 24-hour oxycodone in half to obtain the twice a day dose of OxyContin", and "Round down to a dose which is appropriate for the tablet strengths available (10 mg, 20 mg, 40 mg, 80 mg and 160 mg tablets)". The proposed dosage strengths of 30 mg and 60 mg will allow physicians greater flexibility in dosing patients based on their individual need for analgesia. The efficacy of the proposed 30 mg and 60 mg dosage strengths is supported in the reference product labeling, where it recommends as a guideline for dose adjustment (except for the increase from 10 mg to 20 mg every 12 hours) that "the total daily oxycodone dose usually can be increased by 25% to 50% of the current dose at each increase." The proposed 30 mg controlled release tablet would provide a dosage strength between the currently approved 20 mg and 40 mg strengths, and the proposed 60 mg controlled release tablet would provide a dose between the 40 mg and 80 mg strengths. The 30 mg and 60 mg controlled release dosage strengths would add a step in dosing to provide options for dosing a patient every 12 hours that is lower than the maximum 50% increase between 20 mg and 40 mg and 40 mg and 80 mg, that is currently available, but that is still within the guideline range of 25% to 50% of the current dose. The proposed 30 mg and 60 mg controlled release tablets dosage strengths would also provide an intermediate once a day dosage strength that patients could be titrated on when converting from the oxycodone IR tablets. The approval of a 30 mg and 60 mg strength controlled release tablet would therefore not present additional safety concerns because it is within the range of currently approved therapy.

The proposed product will differ from the listed drug only in dosage strength. The indications, route of administration, intended patient population, and recommendations for use will remain the same as for the OxyContin® (oxycodone hydrochloride controlled-release tablets, 10 mg, 20 mg, 40 mg, 80 mg and 160 mg) product. Therefore, there will be no difference in the safety and efficacy of the proposed tablets.

The package insert for OxyContin® is provided in Attachment 1 of this petition. The draft package insert for the proposed Oxycodone Hydrochloride Controlled Release Tablets, 30 mg and 60 mg is provided in Attachment 2.

## C. Pediatric Use Information

The Pediatric Research Equity Act, passed in December 2003, requires that applications submitted under section 505 of the Act, be evaluated for safety and efficacy in pediatric populations when the application is submitted for the following: A new active ingredient, new indication, new dosage form, new dosing regimen, or new route of administration. The proposed petition seeks a change in dosage strength from that of the reference listed product, and therefore under the provisions of the Pediatric Research Equity Act, it is not necessary to evaluate the safety or efficacy in pediatric populations or seek a waiver or deferral for pediatric studies. Further support that this petition for a change in dosage strength is not subject to the Pediatric Research Equity Act was further clarified in a letter received from FDA (see Attachment 3). A letter from the Office of Generic Drugs received on December 18, 2003 in correspondence to a suitability petition submitted for a change in strength stated that, "under the Pediatric Research Equity Act, which was signed December 2003, it is not necessary to seek a waiver or deferral of pediatric studies for a change in strength". The package insert of the listed drug, OxyContin®, states that "The safety and effectiveness of OxyContin have not been established in pediatric patients below the age of 18. It must be remembered that OxyContin Tablets cannot be crushed or divided for administration". The proposed package insert for Oxycodone Hydrochloride 30 mg and 60 mg Controlled Release Tablets will provide the same information for pediatric use as the reference product, OxyContin®, and because the proposed change is a change in strength, no additional studies should be required.

## D. Environmental Impact

An environmental assessment report on the action requested in this petition is not required under 21 CFR §25.31.

## E. Economic Impact

The petitioner does not believe that this is applicable in this case, but will agree to provide such an analysis if requested by the agency.

**F. Certification**

The undersigned certifies that to the best of his knowledge, this petition includes all information and views on which the petition relies, and that it includes representative data and information known to the petitioner which are unfavorable to the petition.

Sincerely,

Nicholas M. Fleischer, R.Ph., Ph.D.
Vice President – Clinical Pharmacology & Biopharmaceutics
THE WEINBERG GROUP INC.

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Enclosure

cc Gary Buehler, Director, Office of Generic Drugs